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5.3.19 Cough-stimulating Device, Alternating Positive and Negative Airway Pressure (E0482)

A mechanical insufflator–exsufflator is an electric cough-stimulating device that utilizes a blower and a valve to alternately apply positive and then negative pressure to the recipient's airway. The shift in pressure produces a high expiratory flow from the lungs, stimulating a cough. This device assists both pediatric and adult recipients to clear retained bronchopulmonary secretions. Air is delivered to and from the recipient via a breathing circuit incorporating a flexible tube, a bacterial filter, and either a facemask, a mouthpiece, or an adapter to a tracheostomy or endotracheal tube.

A mechanical in- or exsufflation or a cough-stimulating device (HCPCS procedure code E0482) is covered for recipients who are unable to cough and clear secretions effectively and who have **ALL** of the following criteria:

1. Diagnosis of a neuromuscular disease or high-level spinal cord injury (see list of ICD-9-CM codes below)
2. Significant impairment of chest wall and/or diaphragmatic movement, resulting in an inability to effectively cough and clear retained secretions
3. Lack of success with other standard respiratory treatments such as chest percussion and postural drainage, intermittent positive pressure breathing (IPPB), incentive spirometry, inhalers, positive expiratory pressure (PEP) mask therapy, or flutter devices
4. Physician-documented evidence that the recipient or caregiver is motivated and able to use the device as prescribed

The presence of an ICD-9-CM code on this list does NOT in itself assure coverage.

1. 138, Late effects of acute poliomyelitis
2. 335.0 through 335.9, Anterior horn cell disease, including amyotrophic lateral sclerosis
3. 340, Multiple sclerosis
4. 344.00 through 344.09, Quadriplegia
5. 357.0, Guillain-Barré Syndrome
6. 358.0, Myasthenia gravis
7. 359.0, Congenital hereditary muscular dystrophy
8. 359.1, Hereditary progressive muscular dystrophy
9. Other neuromuscular diseases that meet the clinical coverage policy

Prior approval is required for this item. Initial approval will be granted for 6 months if medical necessity is demonstrated by **ALL** of the following:

1. Supporting medical diagnoses
2. Expected duration of medical need
3. Evidence that recipient has tried other methods to control secretions, such as chest percussion and postural drainage, IPPB, incentive spirometry, inhalers,

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PEP mask therapy, or flutter devices, without significant response (methods should be described)

4. Intolerance to, contraindication of, or unavailability of, home chest physiotherapy
5. Incidents in past year of respiratory illnesses requiring physician office or emergency room visits, hospitalizations, or antibiotics

For subsequent approvals, continued medical necessity must be reestablished for each successive 6 months by evidence of recipient/caregiver compliance and improved disease management since beginning use of cough-stimulating device (as indicated by fewer infections requiring antibiotics and fewer hospitalizations).

Cough-stimulating devices are not covered for recipients with chronic obstructive pulmonary disease (COPD), bullous emphysema, susceptibility to pnuemothorax or pneumomediastinum, or recent barotraumas (an injury occurring after exposure to sudden contractions or expansions of air). A cough-stimulating device will not be covered for recipients tolerating and demonstrating response to other techniques for cough assistance and secretion removal.

Providers must use code E0482, cough-stimulating device, when submitting a claim for the cough-stimulating device. The cough-stimulating device is a capped rental item. The CMN/PA form or attached documentation should address all medical necessity requirements. Refer to DME Fee Schedule for rental reimbursement rates.